MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541203   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2				/				52						
3				/				53						
4				/				54						
5				/				55						
6				/				56						
7				/				57						
8				/				58						
9				/				59						
10				/				60						
11				/				61						
12				/				62						
13				/				63						
14								64						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			1					TOTAL IND.						
TOTAL DEP.			12					TOTAL DEP.						
TOTAL CLAIMS			13					TOTAL CLAIMS						

PTO-1360 (REV. 11/04)